SUBMIT: COMPLETED APPLICATION, TAX

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Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stomp Proceeding 19 19 2013

Refund:		Amount Paid:	Date:	Permit #:
	250 "		7-26-13	13/28/S

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Secretaria!	2000	0	Rec'd for Issuance			□ Municipal Use			☐ Commercial Use			Y Residential Use			Proposed Use		Existing Structure: (# pe	The state of the s	1			<u> </u>		material	e ion	2 Non-Shoreland		Shoreland →		Section	で NE CON で N 1974 14, P. 3	N 5		Agent.	SO465 Contractor:	Address of Property:	owner's Name:	TYPE OF PERMIT REQUESTED
FA All and fincluding any in the detail and accuracy of	10 Ot			A			\vdash		se			P		20 2			(if permit being ap	3 10 1 1 KTG(1				Conversion	1	New Construction	Project (What are you applying for)		15 ri opei ty/ tail	☐ Is Property/Lar Creek or Landwai		, Township	186.6 AROLL S	Legal Description:	0	on Signing Application	- Tatrio	'	loe.	1000
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES At large the published including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (specify)	1 -	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with (2 nd) Porch	with a Porch		Residence (i.e. cabin bunting shack etc.)	indical Characters (first of		Existing Structure: (if permit being applied for is relevant to it) Promosed Construction:		- Foundation			□ 2-Story	ا ا	tion 🕅 1-Story	# of Stories ng for) and/or basement		is riuperty tana within 2000 feet of core, rothe of riomage	Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes-		Well u, Range w	Gov't Lat Lot(s)	(Use Tax Statement)		(Darson Staning Annibration on hebati of Numer(s))	K & .	7	<u> </u>	☐ LAND USE ☐ SANITARY
STARTING CONSTRUCTION We examined by me (us) and to the biding and that it will be relied upo	- Add Assessment Control of the Cont	in the control of the	A A A A A A A A A A A A A A A A A A A	n/Alteration (specify)		fy)	i date) <u> </u>	or □ sleeping quarters, <u>or</u>	Garage		3	e e e e e e e e e e e e e e e e e e e	B History every	ng shack, etc.)	Proposed Structure	0	Length:						₩ l	Seasonal	t† Use		If yescontinue	if yescontinue		Town of:	CSM Vol & Page	00-54000 10 ESESOPHENESPEOP	PIN: (23 digits)	Agent Phone: Ag	Contractor Phone: Plumber:	~Zip:	10)S Ramora L	HARRY
ITHOUT A PERMIT est of my (our) knowl n by Bayfield County			The state of the s			***************************************		□ cooking &												□ None	ľł	3	1	¬ -	# of bedrooms		Distalled Stracture	Distance Structure	1,100011		14 Lot(s) No.	525201	c	ent Mailing Addr	4		Mac Mac	COMBILIONARE OSE
WILL RESULT IN PER edge and belief it is true	- Language Market Language Lan		THE REAL PROPERTY AND PARTY AND PART	d-tri minimini de la companio de la		***************************************		food prep facilities)									Width:		None Compost Foliet	- 1	1 .	Sanitary (Exists) Specify Type:	☐ (New) Sanitary	☐ Municipal/Citv	Sew		fee	ure is from Shoreline :			Block(s) No.	000000000000000000000000000000000000000	3	Agent Mailing Address (include City/State/7in):	THARH		Machesney PK	DOE DECIME DOE
NALTIES ie, correct and	_	^		-	\	-	<u> </u>	s)		- -	-									/service co	or 🗸 Vaul	ists) Spea			What Type of er/Sanitary Syste on the property?		feet	eline : feet		Lot Size	Subdivision:	Volume_	Recorded	tate/Zin):			\	AL USE
d complete. I (we)	×	×	×	>	< >	×		×	×	×	< ×	×	×	×	Dimensions v		Height:			ntract)	ulted (min 200 gallon)	cify Type:	Specify Type:		What Type of Sewer/Sanitary System Is on the property?		□No	Is Property in Floodplain Zone?			on:		At Document: (i.	<u> </u>	밀		01115 21	BIU,A,
ALTIES correct and complete. (we) acknowledge that (we)	-)	· · · · · · · · · · · · · · · · · · ·			oh 8 ()			-				Footage		# # 	and the same of th		Appropriate Control of	00 gallon) Work	4	□ Well	□ Citv	Water			y in Are Wetlands Zone? Present? ☐ Yes	7	Acreage		Page(s)	Attached	Written Authorization	Plumber Phone:	Cell Phone:	815-636-1244	OTHER

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you

are signing on behalf of the owner(s) a letter of authorization

Address to send permit

1015

Ramana

Gerrace, Machosney Pt

recently purch

Attach
Copy of Tax Statement
to property send your Recorded De

Date

Hold For Fees:	Hold For Affidavit:	Hold For Sanitary:
+ ory love Bornes	JE DERMAN	155 ED Toke TEMPORANDS Signature of Inspector: REG W & EO TO
5.1	PEMIT IN	is or privy/Ru
They need to be attached they need to be attached.	Inspected by:	Date of Inspection: 7,7,7,3
Zoning District (** - Lakes Classification (* -)		
nted by Owner 🔏	W	ally Created XYes Delineated XYes
Previously Granted by Variance (B.O.A.)		. -
Mitigation Required ☐ Yes ZNo Affidavit Required ☐ Yes ZNo Mitigation Attached ☐ Yes ZNo	us Lot(s)) ANO ANO	Is Parcel a Sub-Standard Lot
	Permit Date: 7, 2013	Permit #: 13:0057
-०५१८ # of bedrooms: Sanitary Date: १/॥/२००८	Sanitary Number: PRIVY Reason for Denial:	Issuance Information (County Use Only) Permit Denied (Date):
take or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	s) of New Construction, Sept Expire One (1) Year from the I wo Family Dwelling: ALL Munic vn, Village, City, State or Federa	(9) Stake or Mark Proposed Location(s) of New Construction, NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL I The local Town, Village, City, State or F
Prior to the placement or construction of a structure within ten [10] freet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten [10] feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	eminimum required setback, the boundarer's expense. er's expense. ur less than thirty (30) feet from the minimable by the Department by use of a co	Prior to the placement of construction of a structure within ten [10] teet of the other previously surveyed corner or marked by a licensed surveyor at the owne Prior to the placement or construction of a structure more than ten [10] feet but one previously surveyed corner to the other previously surveyed corner, or verimarked by a licensed surveyor at the owner's expense.
	LUO Feet	Setback to Drain Field Setback to Privy (Portable, Composting)
Setback to Well Feet	Feet	Setback to Septic Tank or Holding Tank
Setback from 20% Slope Area Feet Elevation of Floodplain Feet	RO 16 Feet S	Setback from the West Lot Line Setback from the East Lot Line
	Feet	Setback from the North Lot Line Setback from the South Lot Line
Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Feet Setback from the Bank or Bluff Feet	Feet So	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
Description Measurement	Measurement	Description
Changes in plans must be approved by the Planning & Zoning Dept.	point)	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)
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	The M	
Mobil Home 20 Lot.		1 24 /
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North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	nn Plot Plan yy <u>and</u> (*) Frontage Road (Na Structures on your Property); (*) Septic Tank (ST); (*) Dr.) River; (*) Stream/Creek; or ds; or (*) Slopes over 20%	(2) Show / Indicate: North (N) o (3) Show Location of (*): (*) Drivewa (4) Show: All Existing (5) Show: (*) Well (W (6) Show any (*): (*) Lake; (*) (7) Show any (*): (*) Wetlanc
me Frontage Road) min Fleld (DF); (*) Holding Tank (HT) and/or (*) Privy (P)	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H	Show Location of: Show / Indicate: Show Location of (*): Show: Show:

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Washburn, WI 54891
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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received) \subseteq 19 2013

Refund:	Amount Paid:	Date:	Permit #:	
	\$15 72013	788-18	13-03637	

7-13	Date 7-17-		must sign or letter(s) of authorization must accompany this application)	etter(s) of authorization	he Deed All Owners must sign or	Owner(s): (If there are Multiple Owners listed on the Deed <u>All</u> Owners	A
/ledge that I (we) tpt liability which ive access to the	d complete. I (we) acknow permit. I (we) further acce g county ordinances to ha	correct and to issue a p dministerin	of my (our) knowledge and belief it is true, y Bayfield County in determining whether consent to county officials charged with ac	ned by me (us) and to the best and that it will be relied upon b or with this application. I (we)	companying information) has been examile companying information (we) am (are) providing a lipformation L(we) am (are) providing in the among the formation L(we) are formation.	The Land County in detail and accuracy of all information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield-County in this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the	<u> </u>
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	× ;		- marine	3)		AA	
	× >	-	cooking & food prep facilities)	sleeping quarters, <u>or</u>	Bunkhouse w/ (sanitary, or	+	
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	×		in the property of the propert		with a Deck		
	× ;		de la companya de la		with (2 nd) Porch		
	××				with Loft	X Residential Use	
Physical and	×	+	a marana da parte da	nack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Res	
	×			re on property)	Principal Structure (first structure on property)	□ Prir	1
Square Footage	Dimensions			Proposed Structure	P	Proposed Use	
6	Height:	1	Width:	Length: 28		Proposed Construction:	
† † 	Height:		\		(If permit being applied for is relevant to it)	Existing Structure: (If permit being app	1.1
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	e contract)	rvice	None	X		1	
on) 	Vaulted (min 200 gallon)	- I .,	3 ≥ Sanitary (Exists) □ Privy (Pit) or		2-Story	14,000 Conversion	
⊥ X Well	Specity Type:			☐ Year Round	1-Story + Loft	T	
□ City	in Topy	1		Seasonal	₹ 1-Story	T	
Water	What Type of Sewer/Sanitary System Is on the property?	Vhat Ty /Sanita 1 the pr	# W of Sewer bedrooms Is or	Use	# of Stories for) and/or basement	of Completion *include donated time & [what are you applying for]	Allegan American
						□ Non-Shoreland	-
	[™] No	feet	Distance structure is from shoreline:	\	Is Property/Land within 1000 reet of Lake, Pond of Howage If yes—continue		
Present?	Floodplain Zone?	_ reet		¥	side of Floodplain? If ye	✓ Shoreland — Creek or Landward	51,310.1
	Is Property in		Distance Structure is from Shoreline	(incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream	☐ Is Property/Land	
670	3, 6	ניסנ פוצה		Mase n	N, Range W	Section 4 , Township 46	
		2		1)	/VW1/4, SE 1/4	
(s) 1 0 1	n: Page	Volume Q	10t(s) No Block(s) No. S	/ol & Page	<u>*</u>		10.00
perty Ownership)	はま 54億47 □ Yes 寒 No Recorded Document: (i.e. Property Owpership)	WI S Recorded	Translake Rd	1330 64	(Use Tax Statement) 04. (W. L.)	PROJECT Legal Description:	
Written Authorization Attached		ıte/Zip):	ailing Address (include City/Sta		f of Owner(s))	Agent: (Person Signing Application	
Phone:	Plumber Phone:		ber:	Phone: 7-1350	\sim	Buders (···
			J 54856	ا ا	Z	'	1
	60545 372 -	(Z)	r Plano I	117 Pillion St	City/State/	TO SOLL H	
phone: 7/5	B.O.A. OTHER Telephone—	\L USE	☐ CONDITIONAL USE ☐ SPECIAL U	TARY	SAN	TYPE OF PERMIT REQUESTED—> X LAND USE Owner's Name:	
nty.org/zoning/asp	rww.bayfield		VICATI		TS HAVE BEEN ISSUED TO APPLICA	DO NOT START CONSTRUCTION UNTIL ALL PERM	7 5
			g Dept. Refund:	ayfield Co.	Il fees are paid.	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.	Ω =
	等等は1のではない。	有性的 的					

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

6430 Iron Lake

Address to send permit Nate Johnson

(If you are

signing on behalf of the owner(s) a letter of authorization

application)

Date

If you recently

Attach
Copy of Tax Statement V
ty purchased the property send your Recorded Deed

Authorized Agent:

HG S	시 회	5		୍ର ଦ୍	ហ	P	Pe S		Prio one mar	Se Se	Se Se	Se	Se Se Se	Se Se				Prop	perty Lu	^L ሊ			
Signature of inspector: Madae 1 de Hold For Sanitary: Hold For Sanitary: Hold For TBA:	Date of Inspection: 7.12-13 Inspection(s):Town, Committee or Board Conditions Attached?	inspection Record: Well staked. Muta all set	둳	<u>o</u>	ot Yes	Permit # 13-6803	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the mother previously surveyed corner or marked by a licensed surveyor at the owner's	Setback to Septic Tank or Holding Tank	tback from the East Lot Line	Setback from the North Lot Line Lake Setback from the South Lot Line Lake Setback from the West Lot Line Lake West Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbad	Please complete (1) - (7) above (prior to continuing)			1:00	-		(4) Show: All Exis (5) Show: (*) We (6) Show any (*): (*) Lak (7) Show any (*): (*) We
wth Hold For Affidavit:	pected by:	Hucles:	NO N		(Fused/Contiguous Lot(s)) X No	Permit Date: 7.08	Sanitary Number: Reason for Denial:	ed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holdin delays to the Date of Issuance if Construction or Us Use Permits Expire One (1) Year from the Date of Issuance if Construction or Us New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The New One & Two Family Dwelling: The local Town, Village, City, State or Federal agencies may also require permits.	feet but less than thirty (30) feet from the control or verifiable by the Department by	inimum required so	\$5 Feet	100+	10A Feet 250 Feet 1007 Feet	Not Feet	Measurement	sest point)		160 6 HWM					All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
fidavit:	If the table attacks of the second of the se		Were Property Lin	Previously Granted by Variance (B.O.A.)	513	2/3		on, Septic Tank (ST), Dr om the Date of Issuance LL Municipalities Are Rec or Federal agencies may	om the minimum required setba	the boun	Setback to Well					<u>.</u>		•	I	do x			Property T); (*) Drain Field (DF); Creek; or (*) Pond r 20%
Hold For Fees: □	attached.)		. ₹ S		□Yes XNo		# of bedrooms:	Tank (ST), <u>Drain field (DF)</u> , <u>Holding Tank</u> e of Issuance if Construction or Use has no alities Are Required To Enforce The Unifor agencies may also require permits.	ick, the boundary line from which	dary line from which the setback must be measured must be			etland % Slope Area	Setback from the Lake (ordinary high-wate Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be app			Property	Line			(*) Holding Tank (HT)
Date_of_Approval:	Date of Re-Inspection	Zoning District (R-1 Lakes Classification (2	35276 L. Sec.	Case #:	Affidavit Required Affidavit Attached		Sanitary Date:	Tank (HT), Privy (P), and Well (W). as not begun. niform Dwelling Code.	th the setback must be measun	ust be visible from one previously surveyed corner to the				r mark)		approved by the Planning & Zoning Dep							and/or (*) Privy (P)
Senii Cari	ection:	。 な ね ここ			□ Yes X No			nd <u>Well (</u> W)	ed must be visible from tructure, or must be	usky surveyed corner to	40 Fe			NO FE	Measurement	ning & Zoning De						/	

SUBMIT: COMPRETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Refund: Permit #: Date: Amount Paid: \$7.23 7-10-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL DEPARTS.

	Date				And the second control of the second control				
ept-1400ppines societies statumine maritimate	Date		pany this application	tion must accom	letter(s) of authoriza	Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	sted on the Dec	ole Owners lis	Owner(s):
viedge that I (we) ept liability which ave access to the	complete. I (we) acknow ermit. I (we) further acco ; county ordinances to h	NALTIES Je, correct and er to issue a poer to	AIT WILL RESULT IN PE owledge and belief it is tru nry in determining wheth nry officials charged with	WITHOUT A PERN best of my (our) kno son by Bayfield Cour (we) consent to cou	RTING CONSTRUCTION inned by me (us) and to the and that it will be relied up or with this application. I	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property; any reasonable time for the purpose of inspection.	FAILURE TO FAILURE TO THE BOTTON TO THE PROPERTY OF All Informating on this informatine for the purious and th	plication (includ the detail and ac locounty relying thany reasonal	I (we) declare that this ap am (are) responsible for t may be a result of Bayfic above described property
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	×)	_	And described to the second se			Conditional Use: (explain)	Condition		ć
	х)		The state of the s			Special Use: (explain)	Special U	283	
	. ×		THE REAL PROPERTY OF THE PROPE		Uteration (specify)	Accessory Building Addition/Alteration	Accessor	ance 🗆	Rec'd for Issuance
***************************************	×					Accessory Building (specify)	Accessor		
242	6	(2)		***************************************		=	Addition,	Τ.	Municipal Use
a.	×				te)	Mobile Home (manufactured date)	Mobile H		
	×	s) (cooking & food prep facilities)	ſ.,	☐ sleeping quarters, <u>or</u>	Bunkhouse w/ (□ sanitary, or □	Bunkhou		
	x))			age	with Attached Garage		se	☐ Commercial Use
	x)			***************************************		with (2 nd) Deck			
	×	+				with a Deck		T	
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	< ×		a significant de la company			with Loft		5 T	
	×				hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
	x)				ure on property)	Principal Structure (first structure on	Principal		
Square Footage	imensions	<u>u</u>		ri	Proposed Structure			•	Proposed Use
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	ntract)	service cor		□ None			siness on	Run a Business on	
į	Privy (Pit) or Vaulted (min 200 gallon)	or 🛮 Vau			Annual de la company de la com	✗ Basement	Relocate (existing bldg)	☐ Relocate	
-	ify Type: Converse	ists) Speci					on .	Conversion	\$ 5 5 7
XWell	fy Type:	Speci	☐ (New) Sanitary		, !	- 1	Addition/Alteration	Addition	
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Water	oe of ry System operty?	What Type of Sewer/Sanitary System Is on the property?	Sew	# of bedrooms	Use	# of Stories and/or basement	ect applying for)	Project (What are you applying for)	me ion e &
									Non-Shoreland
₩No	ØN0	feet			If yescontinue	If y			
	☐ Yes		cture is from Shoreline:	Distance Structure	-	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	ty/Land withir	☐ Is Proper	☐ Shoreland —
Are Wetland	ls Property in Floodplain Zone?	~	cture is from Shoreline :	Distance Structure	am (incl. Intermittent)	Is Property/Land within 300 feet of River, Stream reek or Landward side of Floodplain?	Is Property/Land within 300 feet of F	☐ Is Proper	
7			· Constitution of the state of	Son	8	N, Range 6 W	1 E	21, Township	Section 2
ge +/4-72	Acreage	Lot Size			Town of:	7.		YNW less	
p 2.80	n:	Subdivision	. Block(s) No.	Lot(s) No.	Vol & Pag	Lot Lot(s) CSM	Gov't Lot	1/4	NW 1/4, N
Property Ownership	Ocument: (i.e. Prop	Recorded I	-202-00120	04	PIN: (23 digits) 1 04 632 04-632-3-46	(Use Tax Statement) PIN: (7		Legal Description:	PROJECT
Written Authorization Attached '' Yes '' No	Written A Attached	tate/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ad	Agent Phone: A		olication on behali	son Signing App	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Phone:	Plumber Phone:			Plumber:	Contractor Phone: Pi	Contr		,	Contractor:
715 292 -2848	7152		F	25876	Mason Wi	M (Aan		Hmy E	Address of Property:
715 313-6125		2816	Mason w		60800 Co Huy E	`	Trepanier	60	Kelly J + Susain
phone:	Telepho	OF ECHAL COL	Zip:	City/State/i	Mailing Address:	LAND USE SANITANT	E	(0E3 ED	Owner's Name:
OTHER	Ī	IN 13CE			NP. DRIVIV	1 8	LL PERMITS MAY	ION ONTIL A	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Description Meas	Measurement
Setback from the Lake (ordinary high-water mark)	Feet
Setback from the River, Stream, Creek	So Feet
Setback from the Bank or Bluff	Feet
Setback from Wetland	Feet
Setback from 20% Slope Area	Feet
Elevation of Floodplain	Feet
Setback to Well) S Feet
	urveyed corner to
	high-water mark) , Creek , Creek easured must be visible from one previous from which the setback must be measured from the setback mu

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W),

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary;	15 the of Approva	CONDITION #2: INGRESS/EXECTS STAIRS + LANDING SHALL NOT EXCEED TO SEFT.	Condition(s). Town, Committee or Board Conditions Attached? I Yes I No -(11 No they need to be lettleched) I U. Condition(s). Town, Committee or Board Conditions Attached? I Yes I No -(11 No they need to be lettleched) I U. Condition(s). Town, Committee or Board Conditions Attached? I Yes I No -(11 No they need to be lettleched) I U.	Date of Inspection: 7-17-13 Inspected by ten (roombor) Muydy Date of Re-Inspection: 3 1/4	TO UNDER 250 58 ft.	Was Parcel Legally Created Were Property Lines Represented by Owner Was Proposed Building Site Delineated □ Yes No Were Property Lines Represented by Owner Was Property Surveyed □ Yes Yes No Were Property Lines Represented by Owner Was Property Surveyed □ Yes No Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Was Property Surveyed □ Yes Were Property Lines Represented by Owner Were Property Lines Represented by	Granted by Variance (B.O.A.) □ Yes XNo	Lot □ Yes (Deed of Record) Aq No Mitigation Required □ Yes X No Affidavit Required hip Q Yes (Fused/Contiguous Lot(s)) □ No Mitigation Attached □ Yes X No Affidavit Attached ing □ Yes X No Affidavit Attached	Permit # 13:0316 Permit Date: 7:39:13	Issuance Information (County Use Only) Sanitary Number: SEPTIC/GNWENT Of Bedfooms Sanitary Date: No. 11 DATA BASE
	val: 7-29-1 5		是在家	4/7 & Livon		D.NO		□Yes Xwo		178A81

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Washburn, WI 54891 (715) 373-6138 PO Box 58 Planning and Zoning Depart.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

BAYFIELD COUNTY WISGONSIN APPLICATION FOR PERMIT

Date Stanfa (Received) JUL 3 0 2013

Bayfield Co., Zoning Dept.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Date: Refund: Permit #: Amount Paid: 7.89.13 7-30-13 でもので 0 ENTERGO.

Address of Property: TYPE OF PERMIT REQUESTED→► ☐ LAND USE ☐ SANITARY ☐ PF Owner's Name: Mailing Address Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction: XNon-Shoreland ☐ Shoreland Contractor: 22705 Authorized Agent: $\begin{bmatrix} \vdots \end{bmatrix}$ of Completion Value at Time donated time & NW 1/4, PROJECT LOCATION FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[ASTECLE IN III AND INCLUDING Including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete, I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which ray be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Rec'd for Issuanc Municipal Use Commercial Use Residential Use 0000 C Proposed Use Section ೦೦ \bigcirc رب ب 8:11 (Pe 283 New Construction (What ar $\hfill \square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue Legal Description: Relocate (existing ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermit Creek or Landward side of Floodplain? If yes—continue Property Conversion Addition/Alteration , Township (tradesson 1/4 Project re you app ≺ \geq Haas [] applying for) 5 Other: Special Use: (explain) Residence (i.e. cabin, hunting shack, etc. Principal Structure (first structure on property) Conditional Use: (explain) Accessory Building Addition/Alteration (specify) **Accessory Building** Addition/Alteration (specify) Mobile Home (manufactured date) **Bunkhouse** w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) 9 (Use Tax Statement) N, Range of Owner(s)) →1-Story and/or basement with a Porch with (2nd) Porch with Attached Garage with a Deck with Loft with (2nd) Deck Ž Foundation No Basement Basement 2-Story 1-Story + Loft # of Stories 4 (specify) Contractor Phone: Agent Phone: City/State/Zip: ٤ Mason しなり 4: (23 digit Proposed Structure Length: Length: Year Round 8401N いよった PRIVY Use Town of Vol & Page 51h. nittent) しなのと ☐ CONDITIONAL USE Pole Plumber: Agent Mailing Address (include City/State/Zip): 40 4 Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms None <u>Q</u> Lot(s) No. # 54852 7 多いひる 02 //State/Zip: Iwanker, Width: Mone ☐ Portable (w/service contract) 0000 - 0000 Sanitary (Exists) : Privy (Pit) or Municipal/City (New) Sanitary Block(s) No. **Compost Toilet** 9 SPECIAL USE Sewer/Sanitary System is on the property? What Type of Lat Size Attached

© Yes © N

Recorded Document: (i.e. Property Volume | 611 Subdivision: Specify Type Specify Type: You Vo. 0 13208 5 Dimensions Is Property in Floodplain Zone? B.O.A. | × $\times |\times| \times |\times| \times |$ × × \times × Height □ Z o Height: 6 Cell Phone: Plumber Phone: 414-342564 Written Authorization Telephone Page(s) 232/56 £ OTHER Page . Are Wetlands 900 Footage 长馬 Square Present? □ No Xwell Water City

W

Owner(s): (If there a

are Multiple Ov

on the

Deed

All Owners must sign or letter(s) of authorization must accompany this application)

acin

Kak

Authorized Agent:

(If you

signing on behalf of the

owner(s) a letter

of autho

must accompany this appl

765

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Attach
Copy of Tax States
d the property send your F

Date

Date

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